



☐ Duplicate

**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.  
See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/813,034
Filing Date*	March 31, 2004
First Named Inventor	YOU
Group Art Unit	1797
Examiner Name	N.A. Bowers
Attorney Docket No.	3162-11

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

**NOTE:** \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

**1. Please consider the following as the required submission under 37 C.F.R. §1.114:**

- ☐ a. The Amendment/Reply filed on
- ☐ b. The Information Disclosure Statement (IDS) filed on (date):
- ☐ c. The Brief/Reply Brief filed on (date):
- ☐ d. The \_\_\_ page(s) of Form PTO-1449 and copy of each listed document filed (date):
- ☒ e. Other: Amendment Under 37 C.F.R. § 1.116 filed herewith.
- ☒ 2. A THREE - month Petition for Extension of Time is filed herewith.
- ☐ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.
- ☒ 4. Authorization to charge credit card (PTO-2038 attached) in the amount of \$960 to is attached to cover the Small Entity Filing Fee (\$405) and the Small Entity Extension Fee (\$555).
- ☐ 5. This Request is transmitted by facsimile to number (703) \_\_\_\_\_.
- ☒ 6. Other: Claim to Priority, certified priority document and verified translation thereof.

THE RCE FEE IS CALCULATED AS FOLLOWS:						Basic Fee:	\$810.00
Total Claims:	6	-	20	(highest number previously paid for) =	0.00	X \$18 =	0
Independent Claims:	1	-	3	(highest number previously paid for) =	0.00	X \$86 =	0
Correspondence Address: <b>TROXELL LAW OFFICE PLLC</b> 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041  <b>CUSTOMER NUMBER: 40144</b>  Phone: 703-575-2711 Fax: 703-575-2707						Multiple Dependent Claim (add \$280.00):	0
						Subtotal:	\$810.00
						50% Reduction if Small Entity Status:	\$405.00
						Total:	\$405.00
Date:		Name:		Signature:		Reg. No.	
December 23, 2008		Bruce H. Troxell				26,592	

12/29/2008 SSANDARA 00000006 10810034  
01 FC:2801 405.00 OP  
Adjustment date: 12/30/2008 SSANDAR1  
12/29/2008 SSANDARA 00000006 10810034  
01 FC:2801 -405.00 OP

12/30/2008 SSANDAR1 00000013 10813034  
01 FC:2801 405.00 OP



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